

ROCKY FLATS PLANT  
EMD ADMINISTRATION  
MANUAL

Manual No.: 3-21000-ADM  
Procedure No.: Table of Contents, Rev 1  
Page: 1 of 4  
Effective Date: 10/18/91  
Organization: Environmental Management

CATEGORY 1

~~This is a~~

CONTROL OF ENVIRONMENTAL MANAGEMENT SYSTEMS  
TABLE OF CONTENTS

DIVISION OF ENVIRONMENTAL MANAGEMENT DEPARTMENT

Procedure

~~This is a RED Stamp~~  
Title

Rev. No.

Effective  
Date

01 01	ER Organization		
02 01	Indoctrination and Training		
02 02	Personnel Qualifications	0	8/15/91
02 03	Qualification of Audit Personnel		
03 03	Risk Assessment		
03 04	Control of QAA Development	0	9/23/91
04 01	Procurement Document Control		
05 01	Procedure Development	0	8/02/91
05 02	Development and Control of ARARs		
05 03	RFI/RI Work Plan Development	0	8/15/91
05 04	QAA Development		
05 05	Document Review	0	8/02/91
05 06	QAPM/PCC Procedure Review		
05 07	Preparation of Procedure Change Notices	1	9/23/91
05 08	Forms Control	0	9/23/91
06 01	Document Control	0	8/02/91
07 01	Control of Purchased Items and Services		
08 01	Control and Identification of Items, Samples, and Data		

ADMIN RECORD

REVIEWED FOR  
By [Signature]  
Date 11/21/91

A-SW-000173

**ROCKY FLATS PLANT  
EMD ADMINISTRATION  
MANUAL**

**CATEGORY 1**

**Manual No.:  
Procedure No.:  
Page:  
Effective Date  
Organization**

**3-21000-ADM  
Table of Contents, Rev 1  
2 of 4  
10/18/91  
Environmental Management**

**TABLE OF CONTENTS**

<b><u>Procedure No.</u></b>	<b><u>Title</u></b>	<b><u>Rev. No.</u></b>	<b><u>Effective Date</u></b>
12 01	Control of Measuring and Test Equipment		
13 01	Handling, Shipping and Storage		
15 01	Control of Nonconforming Items and Activities	0	9/23/91
16 01	Corrective Action Reports (CARs)		
17 01	Records Management		
18 01	Audits		
18 02	Surveillance Activities		
18 03	Readiness Review	0	8/02/91
20 01	Invoice Management		
AQD 01	Response Plan for Denver Metro Air Pollution Episodes		
AQD 02	Monthly Environmental Monitoring Report		
AQD 04	Radiation Dose Assessment to the Public from Routine Operations		
AQD 05	General Emergency Response		
AQD 06	EIS/ODIS Report		
AQD 08	Preparation of EPA Form R	1	10/10/91
SWD 01	Monthly Discharge Monitoring Reports for NPDES		
SWD 02	Implementation of the Control and Disposition of Incidental Waters		

**ROCKY FLATS PLANT  
EMD ADMINISTRATION  
MANUAL**

**CATEGORY 1**

**Manual No.:  
Procedure No.  
Page:  
Effective Date.  
Organization.**

**3-21000-ADM  
Table of Contents, Rev 1  
3 of 4  
10/18/91  
Environmental Management**

**TABLE OF CONTENTS**

<b>Procedure No.</b>	<b><u>Title</u></b>	<b><u>Rev. No.</u></b>	<b><u>Effective Date</u></b>
SWD 20	Monitoring Audits		
NEPA 01	NEPA M&I Design Review		
NEPA 02	NEPA Compliance Committee		
NEPA 03	Completing a Checklist		
NEPA 04	ADM Development		
NEPA 05	ADM Review		
NEPA 06	Preparing Recommendations to DOE, RFO		
NEPA 07	Drafting Categorical Exclusions for DOE, RFO		
NEPA 08	Environmental Assessment Process		
NEPA 09	Preparation of an Environmental Assessment		
NEPA 10	Preparation of a Mitigation Plan		
NEPA 11	NEPA Records Maintenance		
RPD 01	Work Plan/Sampling Plan - When EPA Approval not Required		
RPD 02	Work Plan/Sampling Plan - When EPA Approval Required		
RPD 03	Documents to be Submitted to the Administrative Record		
RPD 04	How to Prepare Statements of Work		

**ROCKY FLATS PLANT  
EMD ADMINISTRATION  
MANUAL**

**CATEGORY 1**

**Manual No.:  
Procedure No.  
Page:  
Effective Date  
Organization**

**3-21000-ADM  
Table of Contents, Rev 1  
4 of 4  
10/18/91  
Environmental Management**

**TABLE OF CONTENTS**

<b><u>Procedure No.</u></b>	<b><u>Title</u></b>	<b><u>Rev. No.</u></b>	<b><u>Effective Date</u></b>
RPD 05	Preparing, Processing and Classification of Documents to be Distributed to Outside Agencies		
RPD 06	Preparation of Closure Plans		
RPD 07	Preparation of Technical Evaluations		
RPD 08	How to Establish ARARs		
RPD 10	How to Prepare and Process Milestones		
RPD 11	Tracking Costs and Schedules		
RPD 12	Processing Procurement Documents		
RPD 13	Uniform Requirements for Submission of Plans and Documents by Contractors		
RPD 14	Coordination of Activities with Field Project Management (FPM) and Field Engineering (FE)		
RPD 15	Checklist for the Startup of New Projects		
RPD 16	Standardized Contractor Cost Reporting		
RPD 17	QA Guidelines for Treatability Studies		
RPD 18	QA Guidelines for Health and Safety Treatability Studies		
RPD 19	Cost Guidelines for Submission of Cost Evaluations and Technical Evaluations		
RPD 20	Checklist for Preparing Project Management Plans		



## CONTROL OF QAA DEVELOPMENT

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURE MANUAL

Manual:  
Procedure No.:  
Page:  
Effective Date:

3-21000-ADM  
03.04, Rev. 0  
1 of 16  
9/23/91

Category 1 This is a

Organization: Environmental Management

**CONTROLLED DOCUMENT**

TITLE: EG&G — ROCKY FLATS PLANT  
ENVIRONMENTAL MANAGEMENT DEPARTMENT  
DEVELOPMENT

Approved By:

This is a RED Stamp

*[Signature]*  
Director, Environmental Management

9/23/91  
Date

### 1.0 PURPOSE

The following procedure describes required contents of a Quality Assurance Addenda (QAA) and the relationship of the QAA to other higher level programmatic Quality Assurance documents.

### 2.0 SCOPE

This procedure applies to the preparation of QAAs for all Work Plans (WP), and to other work at the discretion of the Responsible Division Manager. The procedure describes the method for planning and controlling deviations from the QAPD or QAPjP.

### 3.0 TERMS/DEFINITIONS

**3.1 Quality Assurance Addenda (QAA) -** A Quality Assurance Addenda is a functional document which serves to supplement the QA Project Plan for CERCLA Remedial Investigation/Feasibility Studies (RI/FS) and RCRA Facility Investigation/Corrective Measure Study (RFI/CMS) activities and other EMD activities. It provides the project specific requirements and elaborates on the particular activities to which the QAPD and/or QAPjP applies. The organizations that will be performing the work are identified as well as the applicable EM Department Standard operating procedures. Any deviations from the QAPD and/or QAPjP are also discussed along with a justification for the deviation. Project specific data quality objectives identified in the WP are summarized in the Quality Assurance Addenda. The Quality Assurance Addenda for remediation programs is prepared by the Remediation Programs Division of the EM Department or preparation may be delegated to a subcontractor. Responsible managers may also prepare QAAs for their activities, as needed.

## CONTROL OF QAA DEVELOPMENT

EG&G ROCKY FLATS PLANT	Manual:	3-21000-ADM
EMD ADMINISTRATIVE	Procedure No.:	03.04, Rev. 0
PROCEDURE MANUAL	Page:	3 of 16
	Effective Date:	9/23/91
Category 1	Organization:	Environmental Management

developing QAAs and for reviewing QAAs to ensure that applicable quality assurance/quality control requirements have been addressed. The QAPM shall concur on all QAAs.

- 4.3 Division Quality Coordinator: The Division Quality Coordinator is responsible for supporting the development of Quality Assurance Addenda and reviewing them to verify that they address the requirements contained in this procedure. The Division Quality Coordinator shall concur on QAAs.
- 4.4 Project Manager: The Project Manager is the EG&G EM Department staff member responsible for overseeing the preparation and implementation of the individual WP and the accompanying QAA. The Project Manager has the responsibility for reviewing the QAA for compliance with the content of the work plan. The Project Manager shall concur on all the QAAs developed for the WP for which they are responsible.
- 4.5 QAA Author: The QAA author is responsible for preparing the QAA in accordance with the format and content requirements contained in this procedure and submitting the QAA for appropriate review and approval.

### 5.0 PROCEDURE

- 5.1 Planned deviations, including omissions and additions, to the controls specified in the QAPD and/or QAPjP shall be documented, reviewed, approved, and issued as QAAs for specific projects, such as OU WPs.
- 5.2 A QAA shall be prepared for each WP generated for RI/FS and RFI/CMS activities related to the Interagency Agreement between the U.S. DOE, EPA, and CDH. QAAs may be prepared for other, non-IAG activities as necessary. QAAs shall be developed, reviewed, and approved in accordance with this procedure prior to work progressing past the planning stage. QAAs shall also be prepared for other EMD activities, where the responsible manager determines they are necessary.

#### NOTE

The QAA development is typically initiated once the final technical draft of the WP has been developed.

## CONTROL OF QAA DEVELOPMENT

EG&G ROCKY FLATS PLANT	Manual:	3-21000-ADM
EMD ADMINISTRATIVE	Procedure No.:	03.04, Rev. 0
PROCEDURE MANUAL	Page:	5 of 16
	Effective Date:	9/23/91
Category 1	Organization:	Environmental Management

### 5.5 Organization and Content

The QAA shall be broken down into the same 19 sections as the QAPjP, preceded by an introduction and scope statement. These sections are:

- Introduction and Scope Statement
- 1. Organization and Responsibilities
- 2. Quality Assurance Program
- 3. Design Control and Control of Scientific Investigations
- 4. Procurement Document Control
- 5. Instructions, Procedures, and Drawings
- 6. Document Control
- 7. Control of Purchased Items and Services
- 8. Identification and Control of Items, Samples, and Data
- 9. Control of Process
- 10. Inspection
- 11. Test Control
- 12. Control of Measuring and Test Equipment
- 13. Handling, Storage, and Shipping
- 14. Status of Inspection, Test and Operations
- 15. Control of Nonconformances
- 16. Corrective Actions
- 17. Quality Assurance Records
- 18. Quality Verification
- 19. Software
- Appendix A - Analytical Methods, Detection Limits, and Data Quality Objectives

Redundant inclusion of text already specified in the QAPD and/or QAPjP is prohibited in the QAA unless it is identified below. Justification shall accompany each deviation from the QAPD and/or QAPjP. If no information is needed in a section then indicate "No Change to QAPjP" or similar wording. If this QAA is not related to the QAPjP then reference the QAPD rather than the QAPjP.

#### 5.5.1 Introduction and Scope Statement

- 5.5.5.1 The QAA shall accompany the WP so the introduction and scope may be very brief.



## CONTROL OF QAA DEVELOPMENT

EG&G ROCKY FLATS PLANT	Manual:	3-21000-ADM
EMD ADMINISTRATIVE	Procedure No.:	03.04, Rev. 0
PROCEDURE MANUAL	Page:	7 of 16
	Effective Date:	9/23/91
Category 1	Organization:	Environmental Management

5.5.3.2 Analytical Procedures - In this subsection of the QAA the appropriate analytical protocols shall be referenced, as applicable to the task. The protocols should be discussed in Section 3 and listed in Appendix A (see Attachment 4). If the analytical methods are already addressed in the WP, they may be incorporated in the QAA by reference.

5.5.3.3 Sampling Procedures

Sampling procedures, sample identification, and chain-of-custody requirements shall be identified here by referencing the appropriate operating procedures. The procedures should be presented in Section 3 in a matrix format (see Attachment 5). Frequencies for QC samples/checks shall be included in the QAA. A typical sample frequency/QC table is illustrated in Attachment 6 from Section 3. Appropriate sample handling requirements should also be included or a reference to the applicable section of the QAPjP specified. Handling requirements would be discussed in Section 8 and typically address holding times, preservation methods, containers, and possibly sample size (see Attachment 7).

### 5.6 Review and Approval of QAAs

5.6.1 Review the QAA per 3-21000-ADM-05.05, "Document Review" at the direction of the Responsible Division Manager.

5.6.2 Reviewers shall include the Responsible Division Manager, NEPA Manager, Responsible Project Manager, Responsible Division Quality Coordinator, QAPM, and other affected organizations as specified by the Responsible Division Manager.

## CONTROL OF QAA DEVELOPMENT

EG&G ROCKY FLATS PLANT	Manual:	3-21000-ADM
EMD ADMINISTRATIVE	Procedure No.:	03.04, Rev. 0
PROCEDURE MANUAL	Page:	9 of 16
	Effective Date:	9/23/91
Category 1	Organization:	Environmental Management

6.2 Final Environmental Restoration Inter-Agency Agreement, August 17, 1990.

6.3 3-21000-ADM-05.05, Document Review.

6.4 3-21000-ADM-06.01, Document Control.

6.5 3-21000-ADM-17.01, Quality Assurance Records.

### 7.0 ATTACHMENTS

Attachment 1 - QAA Page Header

Attachment 2 - QAA Title Page

Attachment 3 - Example Organization Chart

Attachment 4 - Example Analytical Methods and DQO's

Attachment 5 - Example Procedure Matrix Format

Attachment 6 - Example QC Sample Collection/Check Frequency

Attachment 7 - Example Format for Sample Containers, Sample Preservation, and Holding Times

**CONTROL OF QAA DEVELOPMENT**

<b>EG&amp;G ROCKY FLATS PLANT</b>	<b>Manual:</b>	<b>3-21000-ADM</b>
<b>EMD ADMINISTRATIVE</b>	<b>Procedure No.:</b>	<b>03.04, Rev. 0</b>
<b>PROCEDURE MANUAL</b>	<b>Page:</b>	<b>11 of 16</b>
	<b>Effective Date:</b>	<b>9/23/91</b>
<b>Category 1</b>	<b>Organization:</b>	<b>Environmental Management</b>

**ATTACHMENT 2**

**QAA TITLE PAGE**

**QUALITY ASSURANCE ADDENDUM**

**QAA 1.1**  
**Revision 0**

**to the**

**ROCKY FLATS SITE-WIDE QA PROJECT PLAN**

**FOR CERCLA RI/FS AND RCRA RFI/CMS**  
**ACTIVITIES**

**for**

**OPERABLE UNIT NO. 1, 881 HILLSIDE AREA**

**PHASE III RFI/RI**

**U S DEPARTMENT OF ENERGY**  
**Rocky Flats Plant**  
**Golden, Colorado**

**Revision 0**

**FEBRUARY, 1991**

**SAMPLE**  
**REVIEWED FOR CLASSIFICATION/UCM**  
**BY George H. Seelbach**  
**DATE 5/6/91 UNU**

# CONTROL OF QAA DEVELOPMENT

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURE MANUAL

Manual:  
Procedure No.:  
Page:  
Effective Date:  
Organization:

3-21000-ADM  
03.04, Rev. 0  
13 of 16  
9/23/91  
Environmental Management

Category 1

## ATTACHMENT 4 EXAMPLE ANALYTICAL METHODS AND DQO'S

QAA for QJ 2 (Alluvial) Phase II BFI/RI

ENVIRONMENTAL MANAGEMENT  
Quality Assurance Addendum to the Rocky Flats Plant  
Quality Assurance Project Plan

Manual  
Issue No.  
Page  
Effective Date

21100 PM QJ02 1  
QAA 2 1, Rev. 0  
29 of 38  
July 16, 1991

### ANALYTICAL METHODS, DETECTION LIMITS, AND DATA QUALITY OBJECTIVES

INDICATORS	Analyte	Method	SU	QJ	BOREHOLE	SER	Required Detection Limits		Precision Objective	Accuracy Objective
							Water	Soil/Sed		
INDICATORS	Total Suspended Solids	EPA 160 2'	X''				10 mg/L	NA	20%RPD	80 120X LCS Recovery
	Total Dissolved Solids	EPA 160 1'	X'	X'			5 mg/L	NA	20%RPD'	80 120X LCS Recovery
	pH	EPA 150 1'	X''	X'			0.1 pH units	0.1 pH units	NA	10.05 pH units
	INORGANICS									
INORGANICS	Target Analyte List		X	X'	X	X			WATER/SOIL	WATER/SOIL
	Metals									
INORGANICS	Aluminum	EPA CLP SOL'					200 ug/L'	40 mg/Kg'		...
	Antimony	EPA CLP SOL'					60	12		
	Arsenic (GFAA)	EPA CLP SOL'					10	2		
	Barium	EPA CLP SOL'					200	40		
	Beryllium	EPA CLP SOL'					5	1.0		
	Cadmium	EPA CLP SOL'					5	1.0		
	Calcium	EPA CLP SOL'					5000	2000		
	Chromium	EPA CLP SOL'					10	2.0		
	Cobalt	EPA CLP SOL'					50	10		
	Copper	EPA CLP SOL'					25	5.0		
	Cyanide	EPA 335 3 (modified for CLP)''					5	10		
	Iron	EPA CLP SOL'					100 ug/L'	20 mg/Kg'		...
	Lead (GFAA)	EPA CLP SOL'					3	1.0		
	Magnesium	EPA CLP SOL'					5000	2000		
	Manganese	EPA CLP SOL'					15	3.0		
	Mercury (CVAA)	EPA CLP SOL'					0.2	0.2		
	Nickel	EPA CLP SOL'					40	8.0		
	Potassium	EPA CLP 5					5000	2000		
	Selenium (GFAA)	EPA CLP					5	1.0		
	Silver	EPA r					10	2.0		
	Sodium	EP'					5000	2000		
	Thallium (GFAA)	E.					10	2.0		
	Vanadium	EPA					50	10		

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## CONTROL OF QAA DEVELOPMENT

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURE MANUAL

Manual:  
Procedure No.:  
Page:  
Effective Date:

3-21000-ADM  
03.04, Rev. 0  
15 of 16  
9/23/91

Category 1

Organization: Environmental Management

### ATTACHMENT 6 EXAMPLE QC SAMPLE COLLECTION/CHECK FREQUENCY

TABLE 2  
FIELD QC SAMPLE COLLECTION FREQUENCY

Activity	Frequency
Field Duplicate	1 in 20 <sup>1</sup>
Field Preservation Blanks <sup>2</sup>	1 sample per shipping container (or a minimum of 1 per 20 samples)
Trip Blank <sup>3</sup>	1 in 20
Equipment Rinse Blank	1 in 20 <sup>4</sup> , or 1 per day
Drilling and Decontamination Fluids	Sample source and analyze for all analytes of interest prior to use
Triplicate Samples (benthic samples)	For each sampling site

**SAMPLE**

- 1 Or per sampling event, whichever is more frequent.
- 2 For groundwater samples to be analyzed for inorganics.
- 3 For groundwater samples to be analyzed for volatile organics only
- 4 One equipment rinse blank in twenty samples, or one per day whichever is more frequent for each specific sample matrix being collected when non-dedicated equipment is being used



## PREPARATION OF DOCUMENT CHANGE NOTICE

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Category 1

Manual: 3-21000-ADM  
Procedure No.: 05.07, Rev 1  
Page: 1 of 9  
Effective Date: 9/23/91  
Organization: Environmental Management

TITLE:  
PREPARATION OF DOCUMENT  
CHANGE NOTICE

Approved By:

  
Director, Environmental Management

9/23/91  
Date

### 1.0 PURPOSE

This procedure describes the process for issuance of urgent or temporary changes to EMD procedures, Workplans (WPs), and Quality Assurance Amendments (QAAs) and other work instruction documents.

### 2.0 SCOPE

This procedure must be invoked when the Responsible Manager determines a procedure must be changed immediately. This procedure specifies the required steps for developing and issuing DCNs for all EMD procedures, WPs, QAAs, and other instruction documents within the Environmental Management Department (EMD). This procedure may be initiated by any EMD or subcontractor personnel. Forms specified in this procedure maybe superseded by upper level procedures for some procedures or documents.

### 3.0 TERMS/DEFINITIONS

- 3.1 DCC - The Document Control Coordinator (DCC) is responsible for management of records addressed in 3-21000-ADM-06.01, Records Management.
- 3.2 E&WM - Environmental and Waste Management Operation
- 3.3 EMD - Environmental Management Department
- 3.4 PA - Performance Assurance Operation
- 3.5 DCN - A form for making a temporary or urgent change to a work instruction document (See Attachment 1 and 2).

## PREPARATION OF DOCUMENT CHANGE NOTICE

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Manual: 3-21000-ADM  
Procedure No.: 05.07, Rev 1  
Page: 3 of 9  
Effective Date: 9/23/91  
Organization: Environmental Management

Category 1

1. Record the procedure name, number, revision, effective date, the current date, and the page number on the DCN forms.
2. Document DCN revision type and expiration date.
  - a. If this is a temporary change, the date the change expires is recorded on the form. The date shall be within 90 days of the issuance date and must be recorded on the "Expires" line. Periods greater than 90 days for temporary procedures require authorization of the QAPM. Typically this extend period applies to limited scope DCNs.

Check the block indicating that a procedure revision is not required.
  - b. If this is not a temporary change, record the date 90 days from the current date on the "Expires Line."

Check the block indicating that a procedure revision is required.



## **PREPARATION OF DOCUMENT CHANGE NOTICE**

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<b>EG&amp;G ROCKY FLATS PLANT</b>	<b>Manual:</b>	<b>3-21000-ADM</b>
<b>EMD ADMINISTRATIVE</b>	<b>Procedure No.:</b>	<b>05.07, Rev 1</b>
<b>PROCEDURES MANUAL</b>	<b>Page:</b>	<b>5 of 9</b>
	<b>Effective Date:</b>	<b>9/23/91</b>
<b>Category 1</b>	<b>Organization:</b>	<b>Environmental Management</b>

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- 5.1.3 Arrange for review of the DCN by the Responsible Manager, the QAPM, and any others designated by the Responsible Manager.

### **NOTE**

**This review may be in writing, by verbal communication, or other expeditious means.**

- 5.1.4 Comment disputes may be resolved by the Responsible Manager.
- 5.1.5 Obtain concurrence with this DCN from individuals specified by the Responsible Manager, and have them document their concurrence by initialing as "Others" on the DCN. This may be done verbally, if required, and documented as such.
- 5.1.6 Obtain concurrence of QAPM or designee with this DCN, by having the QAPM or designee initial and date the DCN. This may be done verbally, if required, and documented. If done verbally, identify individual who provided the QAPM concurrence, specify concurrence was verbal, then sign and date in the concurrence block.
- 5.1.7 Obtain the Responsible Manager's approval of this DCN by having the Responsible Manager or designee sign and date the DCN.

## PREPARATION OF DOCUMENT CHANGE NOTICE

EG&G ROCKY FLATS PLANT	Manual:	3-21000-ADM
EMD ADMINISTRATIVE	Procedure No.:	05.07, Rev 1
PROCEDURES MANUAL	Page:	7 of 9
	Effective Date:	9/23/91
Category 1	Organization:	Environmental Management

5.2.2 The required reviewers for this DCN include the responsible manager, QAPM, and other effected organizations.

### 6.0 REFERENCES

- 6.1 E&WM Administrative Procedures Manual, Procedures 2-20000-ADM-05.01 and 2-20000-ADM-05.02
- 6.2 EMD Administrative Procedures Manual, 3-21000-ADM-06.01, Document Control procedure
- 6.3 EMD Administrative Procedures Manual, 3-21000-ADM-17.01, Records Management procedure
- 6.4 EMD Administrative Procedures Manual, 3-21000-ADM-05.06, QAPM Management Procedure Review Process
- 6.5 EMD Administrative Procedures Manual, 3-21000-ADM-05.03, RFI/RI Work Plan Development
- 6.6 EMD Administrative Procedures Manual, 3-21000-ADM-05.09, EMD Work Plan Development

### 7.0 ATTACHMENTS

- 1. Document Change Notice (DCN)
- 2. EM Document Change Notice Continuation Sheet

## PREPARATION OF DOCUMENT CHANGE NOTICE

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Category 1

Manual: 3-21000-ADM  
Procedure No.: 05.07, Rev 1  
Page: 9 of 9  
Effective Date: 9/23/91  
Organization: Environmental Management

### ATTACHMENT 2 EM Document Change Notice Continuation Sheet

#### DOCUMENT CHANGE NOTICE (DCN) (Continuation Sheet)

Page \_\_\_ of \_\_\_  
DCN no. \_\_\_\_\_

Procedure no		Title	
Scope Limitation. _____			
Item Number	Page	Step or Paragraph	Changes (Use DCN CONTINUATION SHEET for additional space)
Justification (Reason for change - Provide numbers to reference corresponding items above )			



## FORMS CONTROL

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE

Manual Number: 3-21000-ADM  
Procedure No. 05.08, Rev 0  
Page: 1 of 4  
Effective Date: 9/23/91  
Organization: ENVIRONMENTAL MANAGEMENT

### CATEGORY 1

Title: EMD FORMS CONTROL  
FORMS CONTROL

Approved By: *[Signature]*

Director, Environmental Management

Date 9/23/91

### 1.0 PURPOSE

The purpose of this procedure is to facilitate approval and distribution of Environmental Management Department (EMD) procedure forms.

### 2.0 SCOPE

This procedure applies to all EMD procedure forms.

### 3.0 DEFINITIONS

#### 3.1 Mark Up

Mark up is the draft form with hand-written changes as necessary to produce a document consistent with the review and approval process.

### 4.0 RESPONSIBILITIES

4.1 Quality Assurance Program Manager (QAPM) reviews and approves forms; then assures that these forms are distributed to all users of EMD procedures.

4.2 Quality Assurance Coordinator (QAC) submits forms for revision per the direction of the responsible manager and resolves comments on forms with the QAPM.

4.3 Responsible Manager arranges for revision of forms required to implement the procedures for which the manager is responsible. Addresses changes in forms requested by users. Directs the QAC to submit revised forms to the QAPM for review and approval.

4.4 EMD Personnel use current forms for all EMD activities. Also, EMD personnel are responsible for submitting new or revised forms for review, approval, and controlled distribution. EMD personnel submit the new or revised forms to the QAPM through the Responsible Manager.

## **FORMS CONTROL**

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**EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE**

**Manual Number:**

**3-21000-ADM**

**Procedure No.**

**05.08, Rev 0**

**Page:**

**3 of 4**

**Effective Date:**

**9/23/91**

**CATEGORY 1**

**Organization:**

**ENVIRONMENTAL MANAGEMENT**

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5.4.7 The approved forms are then distributed, along with the applicable updated index, to all affected personnel, in accordance with 3-21000-ADM-06.01, Document Control.

5.5 All completed forms and the concurrence form with the attached mark up are quality assurance records subject to 3-21000-ADM-17.01, Records Management.

### **6.0 REFERENCES**

6.1 EMD Procedure 3-21000-ADM-06.01, Document Control.

6.2 EMD Procedure 3-21000-ADM-17.01, Records Management.

6.3 EMD Procedure 3-21000-ADM-18.01, Surveillance.

### **7.0 ATTACHMENTS**

Attachment 1 -- Controlled Document Concurrence Form



## CONTROL OF NONCONFORMING ITEMS AND ACTIVITIES

EG&G ROCKY FLATS PLANT      Manual:      3-21000-ADM  
EM ADMINISTRATIVE      Procedure No.:      15.01, Rev. 0  
PROCEDURE MANUAL      Page:      1 of 18  
Effective Date:      9/23/91  
Category 1      Organization: Environmental Management

TITLE:      Approved By:

CONTROL OF NONCONFORMING ITEMS  
AND ACTIVITIES

*[Signature]*  
Director

Environmental Management

9/23/91

### 1.0 PURPOSE

To provide the methods and controls necessary for the reporting, documentation, evaluation, and disposition of items found to not be in conformance with specifications, requirements, prevailing practices, procedures, and standards. These measures are necessary to prevent the inadvertent installation or use of items that are questionable or unusable for Environmental Management (EM) Program activities.

### 2.0 SCOPE

This procedure applies to all nonconforming items associated with activities performed by EM Department and contractor/supplier personnel in support of EM activities.

### 3.0 TERMS/DEFINITIONS

- 3.1 **Activity** - An aspect of work, service, operation, condition, or process which impacts quality, safety, or the environment.
- 3.2 **Amended Response** - A change to the disposition that is intended to replace the original disposition or any portion thereof.
- 3.3 **Conditional Release** - An interim disposition that authorizes a process or activity to continue even though a nonconforming condition has been identified.
- 3.4 **Disposition** - The action taken to resolve a nonconforming condition or item and to restore acceptable conditions.
- 3.5 **Items** - Equipment, supplies, or data which impacts quality, safety, or the environment.
- 3.6 **NCR** - Nonconformance Report



## **CONTROL OF NONCONFORMING ITEMS AND ACTIVITIES**

<b>EG&amp;G ROCKY PLATS PLANT</b>	<b>Manual:</b>	<b>3-21000-ADM</b>
<b>EM ADMINISTRATIVE</b>	<b>Procedure No.:</b>	<b>15.01, Rev. 0</b>
<b>PROCEDURE MANUAL</b>	<b>Page:</b>	<b>3 of 18</b>
	<b>Effective Date:</b>	<b>9/23/91</b>
<b>Category 1</b>	<b>Organization:</b>	<b>Environmental Management</b>

- 4.1 The EM Department Director, or delegate, is responsible for coordinating with the EM Quality Assurance Program Manager (QAPM) to assure Nonconformance Reports (NCRs) are properly reviewed and resolved.
- 4.2 The EM QAPM, or delegate, is responsible for:
  1. Coordinating and processing NCRs including tracking and monitoring NCRs, coordinating the use of status tags and conditional releases, assigning disposition responsibilities, evaluating the proposed dispositions for all NCRs, preparing NCR files, and verifying disposition implementation.
  2. Designates the EM Department NCR Validator.
  3. Designates the EM Department NCR Coordinator.
- 4.3 EM Department and Contractor/Supplier Personnel are responsible for:
  1. Initiating NCRs in accordance with this procedure.
  2. Providing dispositions.
  3. Implementing dispositions that are authorized by approved procedures and have been assigned by the EM QAPM.
- 4.4 The EM NCR Coordinator is responsible for:
  1. Maintaining an NCR data base and filing system for in-process original NCRs.
  2. Assigning a unique NCR tracking number to each validated NCR.
  3. Providing issuance of validated NCRs and distribution of copies to the affected organizations.
  4. Coordinating and tracking the processing of NCRs.
  5. Issuing the dispositioned NCR to the organization responsible for implementing the disposition.

## **CONTROL OF NONCONFORMING ITEMS AND ACTIVITIES**

<b>EG&amp;G ROCKY FLATS PLANT</b>	<b>Manual:</b>	<b>3-21000-ADM</b>
<b>EM ADMINISTRATIVE</b>	<b>Procedure No.:</b>	<b>15.01, Rev. 0</b>
<b>PROCEDURE MANUAL</b>	<b>Page:</b>	<b>5 of 18</b>
	<b>Effective Date:</b>	<b>9/23/91</b>
<b>Category 1</b>	<b>Organization:</b>	<b>Environmental Management</b>

- 5.2.2.1 If the NCR is determined to be invalid, the Validator will contact the initiator to discuss the reasons. Following discussion, if the NCR is still determined to be invalid, it shall be returned to the initiator and no further action is taken. A copy of the invalidated NCR shall be retained in the NCR master file and transmitted to EMD record center per 3-21000-ADM-17.01, Records Management.
- 5.2.2.2 If the NCR is found to be valid, it shall be forwarded to the EM NCR Coordinator for number assignment, logging, and transmittal to the affected organizations responsible for disposition of the nonconformance and a copy will be forwarded to EMD record Center.
- 5.2.2.3 Valid NCRs shall be entered in the Nonconformance Report Log (Attachment 3) by the QA NCR Coordinator. The NCR number shall take the form of EM NCR-XX-YY, where XX is the current fiscal year and YY is a sequential number starting with 01. All columns of the log shall be filled out for validated NCRs.
- 5.2.2.4 Following validation, the EM QAPM directs the appropriate EM Department Quality Coordinator to apply NCR Status Tags (Attachment 4).

### **5.3 Identification and Segregation of Nonconforming Items:**

Nonconforming items shall be uniquely identified and/or segregated in accordance with the following provisions, unless exempted by the EM QAPM or delegate. The marking or segregation shall not adversely affect the end use of the item.

## **CONTROL OF NONCONFORMING ITEMS AND ACTIVITIES**

<b>EG&amp;G ROCKY FLATS PLANT</b>	<b>Manual:</b>	<b>3-21000-ADM</b>
<b>EM ADMINISTRATIVE</b>	<b>Procedure No.:</b>	<b>15.01, Rev. 0</b>
<b>PROCEDURE MANUAL</b>	<b>Page:</b>	<b>7 of 18</b>
	<b>Effective Date:</b>	<b>9/23/91</b>
<b>Category 1</b>	<b>Organization:</b>	<b>Environmental Management</b>

note the exemption with an explanation on the NCR.

### **5.4 Conditional Release**

A Conditional Release, if requested by the responsible manager, shall be approved by the EM QAPM to allow continuation of an activity or work after consideration of the following conditions, and with justification documented in a conditional release report.

5.4.1 The following conditions will be considered for the proposed conditional release and a justification or explanation shall be documented in a memo from the QAPM authorizing Conditional Release Request:

1. The nonconforming item can be removed or corrected at a later date without change, damage, or contamination of the associated data, item, condition, equipment, structures, service, material, or activity.
2. The nonconforming item remains accessible for examination.
3. The nonconforming item is evaluated, and limitation(s) for use of the equipment or system is established.
4. Traceability and identification of the nonconforming item are maintained.

5.4.2 The Conditional Release Request memo from the responsible manager will be referenced in or included with the NCR.

### **5.5 Disposition of NCRs**

The EM QAPM shall coordinate with the EM Division Managers to assign personnel to provide a proposed disposition for the NCR within 30 calendar days. This assignment shall be recorded on the NCR, and the NCR shall be forwarded to the assigned personnel for disposition. These personnel shall have access to pertinent background information.

## **CONTROL OF NONCONFORMING ITEMS AND ACTIVITIES**

<b>EG&amp;G ROCKY FLATS PLANT</b>	<b>Manual:</b>	<b>3-21000-ADM</b>
<b>EM ADMINISTRATIVE</b>	<b>Procedure No.:</b>	<b>15.01, Rev. 0</b>
<b>PROCEDURE MANUAL</b>	<b>Page:</b>	<b>9 of 18</b>
	<b>Effective Date:</b>	<b>9/23/91</b>
<b>Category 1</b>	<b>Organization:</b>	<b>Environmental Management</b>

9. If a conditional release has been requested, the justification has been documented and properly approved.
10. Internal interfaces between organizational units and external interfaces between Project participants necessary for executing actions are described.

5.5.2 The NCR shall be forwarded (by the QA NCR Coordinator) to the cognizant personnel or Division Manager for review and approval of the proposed disposition.

5.5.3 The NCR shall then be forwarded to the EM QAPM for review and approval to ensure that appropriate QA requirements have been included. The EM QAPM or delegate shall ensure that the information identified in Paragraph 5.5.1 has been included or considered in the disposition.

5.5.4 Upon approval, the EM QAPM or delegate, shall forward all NCRs to the personnel responsible for implementation of the dispositions. Copies shall be distributed to the EM Department Director and the cognizant EM Division Managers, as a minimum.

### **5.6 Implementation of Disposition Actions**

Assigned personnel shall implement the dispositions by the completion date as identified in the NCR disposition.

5.6.1 When additional time is needed to complete actions, the assigned personnel shall provide written notification to the EM QAPM of the adjusted completion date with an explanation of the delay. This extension request shall be submitted on or before the scheduled due date.

5.6.2 When changes to the disposition are needed, the assigned personnel shall provide written notification to the EM QAPM.

## **CONTROL OF NONCONFORMING ITEMS AND ACTIVITIES**

<b>EG&amp;G ROCKY FLATS PLANT</b>	<b>Manual:</b>	<b>3-21000-ADM</b>
<b>EM ADMINISTRATIVE</b>	<b>Procedure No.:</b>	<b>15.01, Rev. 0</b>
<b>PROCEDURE MANUAL</b>	<b>Page:</b>	<b>11 of 18</b>
	<b>Effective Date:</b>	<b>9/23/91</b>
<b>Category 1</b>	<b>Organization:</b>	<b>Environmental Management</b>

initiator, FQA, and the supplier/contractor, as a minimum. The EM QAPM or delegate shall update the NCR Log and shall notify responsible personnel to update the NCR Status Tag accordingly.

- 5.7.3 If verification of the disposition and related records is acceptable, the EM QAPM or delegate shall sign and date the NCR and reference the applicable surveillance or special investigative review. Copies of closed NCRs shall be distributed to the initiator, FQA, and the EM Department Director, as a minimum. The EM QAPM or delegate shall notify responsible personnel to remove the NCR Status Tag.

### **5.8 Records Management**

#### **5.8.1 Controlled Documents**

None.

- 5.8.2 **Records Center Documents:** Records associated with this procedure shall be submitted to the EMD records center in accordance with procedure number 3-21000-ADM, 17.01, Records Management, as identified below:

Nonconformance Report (NCR) Package:

- a. Closed NCRs with supporting documents
- b. Voided NCRs with supporting documents, if appropriate
- c. Conditional Release Request and authorization memos
- d. Completed NCR Logs

### **6.0 REFERENCES**

- 6.1 **Superseded Documents:** None.

- 6.2 **References Cited:**

EM Department Administrative Procedure 1-10000-ADM, 15.03, Control of Nonconforming Items.

<b>ROCKY FLATS</b> ENVIRONMENTAL MANAGEMENT DEPARTMENT	NCR No _____ QAL _____ AUTH # _____ PROJ NCR No _____	DATE _____ PAGE _____ OF _____ BLDG # _____ P O # _____
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PROJECT \_\_\_\_\_  
 RESPONSIBLE ORGANIZATION \_\_\_\_\_  
 ITEM \_\_\_\_\_  
 REFERENCE \_\_\_\_\_  
 NONCONFORMANCE DESCRIPTION \_\_\_\_\_  
  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ISSUED BY		DATE
	Name                  Title                  Organization	

WORK MANAGER/SUPERVISOR		DATE
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INITIAL DISTRIBUTION	<input type="checkbox"/> DEPT MGR	<input type="checkbox"/> EM QAPM	<input type="checkbox"/> PROJ MGR	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> H&S	<input type="checkbox"/>
	<input type="checkbox"/> DIV MGR	<input type="checkbox"/> QUAL COORD	<input type="checkbox"/> CONST COORD	<input type="checkbox"/> ENGR	<input type="checkbox"/> SITE QA	<input type="checkbox"/>

DISPOSITION	<input type="checkbox"/> USE AS IS	<input type="checkbox"/> REPAIR	<input type="checkbox"/> REWORK	<input type="checkbox"/> REJECT	<input type="checkbox"/> AS BUILT REQUIRED
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DISPOSITION APPROVALS					
DIV MGR	DATE	H&S	DATE		
PROJ MGR	DATE	EM QAPM	DATE		
ENGR	DATE		DATE		

FINAL DISTRIBUTION	<input type="checkbox"/> DEPT MGR	<input type="checkbox"/> EM QAPM	<input type="checkbox"/> PROJ MGR.	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> H&S	<input type="checkbox"/> EM RECORDS
	<input type="checkbox"/> DIV MGR	<input type="checkbox"/> QUAL COORD	<input type="checkbox"/> CONST COORD	<input type="checkbox"/> ENGR	<input type="checkbox"/> SITE QA	<input type="checkbox"/>

## CONTROL OF NONCONFORMING ITEMS AND ACTIVITIES

EG&G ROCKY FLATS PLANT	Manual:	3-21000-ADM
EM ADMINISTRATIVE	Procedure No.:	15.01, Rev. 0
PROCEDURE MANUAL	Page:	15 of 18
	Effective Date:	9/23/91
Category 1	Organization:	Environmental Management

### ATTACHMENT 2 (continued)

#### NCR INSTRUCTION SHEET

11. Dwg(s). - Initiator enters the drawing numbers and respective revisions which describe the feature of the item found to be nonconforming.
12. Spec./STD(S) - Initiator enters the specification or standard, including revision, which details the feature of the item found to be nonconforming.
13. NCR Type - Completed by the EM QAPM by entering an "X" in the appropriate box after the word which describes the NCR type.
14. Item - Initiator enters the description of the item for which the nonconformance has been identified.
15. Location - Initiator enters a description of the physical location within the building or area where the nonconforming item can be found.
16. Nonconformance Description - Completed by Initiator by identifying in detail a description of the specific nonconformance. Include specific paragraphs of standards or specifications, drawing details, dates, and other data which specifically outlines the requirements violated by the condition. Essentially, state what the existing condition is and what the requirement documents state the condition should be. Complete the report by section. This section will also include reference to the Resumption Indication Number (RIN) and the corresponding Work Breakdown Structure (WBS) if applicable.
17. Operability/Safety Assessment - Completed by the CEO as applicable based on the result of the Operability/Safety Assessment. This block may be N/A'd by the EM QAPM if the item has not been associated with an operating system.
18. Operations/Functional Manager Notification - Completed by the CEO as applicable based on the result of the Operability/Safety Assessment. This block may be N/A'd by the EM QAPM if not applicable.

**EG&G ROCKY FLATS PLANT  
EM ADMINISTRATIVE  
PROCEDURE MANUAL**

**3-21000-ADM**

15.01, Rev. 0

17 of 18

**9/23/91**

**Organization:** Environmental Management

Category 1

## NONCONFORMANCE REPORT LOG

[illegible]



BAD  
COPY

PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 1 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management

Category 1

This is a

CORRECTION  
TITLE: PREPARATION OF EPA  
FORM R  
ENVIRO

Approved By:

  
Director, Environmental Management

10/10/91  
Date

This is a RED Stamp

1.0 PURPOSE

The purpose of this procedure is to specify a method for the Chemical Tracking and Control Systems Group of the Air Quality and Chemical Tracking Division to accurately complete the Environmental Protection Agency (EPA) Form R report (Attachment 1) required under the Superfund Amendments and Reauthorization Act Title III, Section 313, of 1986.

2.0 SCOPE

This procedure covers the retrieval of pertinent data for the EPA Form R report from existing information sources at the Rocky Flats Plant (RFP), the peer review of the material, and the final compilation of the EPA Form R report.

3.0 TERMS/DEFINITIONS

3.1 APEN

Air Pollution Emission Notice is the mechanism that allows the Colorado Department of Health to track air pollution sources, determine their environmental impact, and issue appropriate air emission permits. APENs were prepared for approximately 110 buildings on the site that have the potential for chemical emissions.

3.2 AOCTD

Air Quality and Chemical Tracking Division.

3.3 CCS

Chemical Control System is a program consisting of computerized tracking and administrative controls that oversees the planned parenthood to grave movement of

## PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 2 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management

Category 1

chemicals at RFP. The CCS is maintained by the Chemical Tracking and Control Systems group of AQCTD with support from Health and Safety, Information Resources, Waste Programs, and production managers.

### 3.4 CCS DATABASE

CCS database is the ORACLE computer program on the RFP unclassified VAX that consists of a container-based chemical identification and tracking module and an electronic material safety data sheet module.

### 3.5 CFR

Code of Federal Regulations.

### 3.6 CONTACT PERSON

A Rocky Flats employee who could supply pertinent information for completion of the EPA Form R report.

### 3.7 CTCS

Chemical Tracking and Control Systems is a group within the AQCTD of the Environmental Management Department that oversees the real-time tracking of chemicals at RFP. The group is also responsible for completing Superfund Amendments and Reauthorization Act Title III reporting for that Act's Section 312 and 313.

### 3.8 DOE, RFO

Department of Energy, Rocky Flats Office.

### 3.9 DE MINIMUS

De minimus level is 1.0 percent concentration of a mixture of chemicals, or 0.1 percent if the chemical meets the Occupational Safety and Health Administration carcinogen standard.

### 3.10 EPA

Environmental Protection Agency.

## PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 3 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management

Category 1

### 3.11 EPA FORM R REPORT

EPA Form R report, the Toxic Chemical Release Inventory Reporting Form, is required by Section 313 of the Emergency Planning and Community Right-to-Know Act (Title III of the Superfund Amendments and Reauthorization Act of 1986), Public Law 99-499. A completed EPA Form R report must be submitted for each toxic chemical manufactured, processed, or otherwise used at each covered facility as prescribed in the reporting rule in 40 CFR Part 372.

### 3.12 INVENTORY MODULE

Inventory Module is a part of the inventory menu found on the main menu of the CCS database.

### 3.13 MSDS

Material Safety Data Sheet.

### 3.14 PEER REVIEW TEAM

The peer review team is comprised of people assigned to examine and comment on the adequacy of the EPA Form R report prior to its approval.

#### 3.14.1 Citation

The location in the text to which the comment applies.

#### 3.14.2 Comment

The reviewer's comments.

#### 3.14.3 Disposition

CTCS's response to the comment.

### 3.15 PROCESS ID

Process ID numbers have been assigned to each process that occurs at RFP by EG&G and its subcontractors. The number consists of the building number and a numerical suffix assigned to a given process within the building.

## PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 4 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management

Category 1

### 3.16 RELEASE INVENTORY WORKSHEET

The Release Inventory Worksheet documents all information gathered for the EPA Form R report.

### 3.17 REPORTABLE CHEMICAL

A reportable chemical is a Section 313 toxic chemical used in excess of 10,000 pounds or a de minimus quantity as designated in the "EPA Toxic Chemical Release Inventory Reporting Form R and Instructions" that must be reported on an EPA Form R report.

### 3.18 RFP

Rocky Flats Plant.

### 3.19 SARA

Superfund Amendments and Reauthorization Act.

### 3.20 SECTION 313 TOXIC CHEMICALS

Section 313 toxic chemicals are those chemicals that are subject to EPA Form R reporting.

### 3.21 TRIS

Toxic Chemical Release Inventory System (TRIS) is the EPA-issued magnetic media form of the EPA Form R report.

## 4.0 RESPONSIBILITIES

### 4.1 CTCS

The CTCS group is responsible for implementing this procedure and for preparing the Form R reports each year.

### 4.2 Peer Review Team

The peer review team members are responsible for verifying the contents of the Form R report with documented review comments submitted to CTCS.

## PREPARATION OF EPA FORM R

EG&G ROCKY PLATS PLANT	Manual:	3-21000-ADM
EMD ADMINISTRATIVE	Procedure No.:	AQD.08, Rev 1
PROCEDURES MANUAL	Page:	5 of 17
	Effective Date:	10/10/91
Category 1	Organization:	Environmental Management

### 5.0 PROCEDURE

#### NOTE

This procedure assumes the accurate and timely entry of chemical tracking information into the CCS database. If this database is not available or current, contact the CTCS Manager for direction in obtaining the required information.

#### 5.1 Select Chemicals for EPA Form R

- 5.1.1 Query Inventory Module for Section 313 Toxic Chemicals in March to obtain a printout of the amounts of these materials used in the previous calendar year.
- 5.1.2 Add quantities of like chemicals reported as used during the previous calendar year.
- 5.1.3 Designate reportable chemicals based on the "EPA Toxic Chemical Release Inventory Reporting Form R and Instructions."

#### 5.2 Crosscheck CCS Database Information

#### NOTE

The Inventory Module records the person who received the chemical in various locations. In addition, CTCS personnel have contacts from whom individual building referrals can be obtained.

- 5.2.1 Identify contact person(s) for location(s) of each chemical.

#### NOTE

A Release Inventory Worksheet for each reportable chemical shall contain information as specified in Section 5.2.2.

## PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 6 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management

Category 1

### 5.2.2 Verify chemical use.

5.2.2.1 Verify amount used of the reportable chemical by calling the contacts referenced in Section 5.2.1 of this document. Note the contact's name, department, telephone number, and the and the date contacted, on the inventory worksheet.

5.2.2.2 Identify the process in which the chemical is required under Section 313 requirements discussed in "EPA Toxic Chemical Release Inventory Reporting Form R and Instructions." Document the process name, location, and emission information on the Release Inventory Worksheet.

5.2.2.3 Sign and date the Release Inventory Worksheet.

### 5.3 Crosscheck Usage Information

5.3.1 Verify the efficiency and stack release information with the APEN reports, and document this on the analysis.

5.3.2 Equate chemical use to the Waste Stream Identification and Characterization Reports prepared for buildings by a Waste Programs contractor, and document this on the analysis.

5.3.3 If the system does not balance, contact appropriate sources to verify information (see Release Inventory Worksheet) and/or seek additional assistance from the CTCS Manager. Document resolution of any discrepancies on the analysis.

5.3.4 Sign and date the analysis.

## **PREPARATION OF EPA FORM R**

<b>EG&amp;G ROCKY FLATS PLANT</b>	<b>Manual:</b>	<b>3-21000-ADM</b>
<b>END ADMINISTRATIVE</b>	<b>Procedure No.:</b>	<b>AQD.08, Rev 1</b>
<b>PROCEDURES MANUAL</b>	<b>Page:</b>	<b>7 of 17</b>
	<b>Effective Date:</b>	<b>10/10/91</b>
<b>Category 1</b>	<b>Organization:</b>	<b>Environmental Management</b>

### **5.4 Prepare Draft EPA Form R**

#### **NOTE**

The first and second page of each EPA Form R report are to be identical for a single facility as per the Form R instructions.

- 5.4.1 Complete the first and second page of the EPA Form R report as directed per the "Toxic Chemical Release Inventory Reporting Form R and Instructions."
- 5.4.2 Use neat, readable copies as cover sheets for all the EPA Form R reports.

#### **NOTE**

Each reportable chemical has an EPA Form R report.

- 5.4.3 Complete pages three through five of the EPA Form R report for each reportable chemical as directed by the "Toxic Chemical Release Inventory Reporting Form R and Instructions."

### **5.5 CTCS Internal Review**

- 5.5.1 Make a copy of the documents from steps 5.2.2.3, 5.3.4, and 5.4.3 and have them verified by the CTCS Manager.
- 5.5.2 Revise the documentation as necessary (repeating steps 5.1 to 5.4, as needed).
- 5.5.3 Once the documentation is verified, have the CTCS Manager sign and date the copy of this form verifying concurrence.

### **5.6 EPA Form R Peer Review**

- 5.6.1 Submit Release Inventory Worksheets and draft EPA Form R reports by May 31 of each year to the Environmental and Waste Management peer review team described below:
  - a. Environmental Management - AQCTD, CTCS



## PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Category 1

Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 8 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management

- b. Environmental Management - AQCTD, Clean Air Act
- c. Waste Operations - Liquid Waste
- d. Waste Operations - Permitting and Compliance
- e. DOE, RFO - Waste Management and Environment Division

5.6.2 Written citations and comments per the EMD Administrative Procedures Manual's "Document Review" procedure (3-21000-ADM-05.05) should be returned to CTCS within 2 weeks.

### NOTE

Steps 5.7 and 5.8 should take a total of 1 week to complete.

## 5.7 Incorporation of Comments

- 5.7.1 Resolve citations and comments generated in Section 5.6. Call contacts specified in Section 5.2.1 of this document, to support disposition as necessary.
- 5.7.2 Document contact's reply and resolution on the document review sheets per 3-21000-ADM-05.05.

## 5.8 Final EPA Form R Reports

### NOTE

EPA requests that the Form R report be submitted to them on magnetic media. The State of Colorado requests submittals in hard copy form.

- 5.8.1 Revise documentation as necessary. Repeat applicable portions of Section 5.4 to 5.7 of this procedure making the corrections indicated in Section 5.7 of this procedure.
- 5.8.2 Prepare an EPA Form R. This may be done using the TRIS Report software. Guidance for using this software is contained in Attachment 3.

## PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 9 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management

Category 1

- 5.8.3 Make a copy of the EPA Form R and have it verified against the input data by the CTCS Manager.
- 5.8.4 Revise the EPA Form R as necessary (repeating steps 5.8.2 to 5.8.3, as needed). The CTCS Manager shall resolve any disputes.
- 5.8.5 Once the EPA Form R is verified, have the CTCS Manager sign and date a copy of this form verifying concurrence.
- 5.8.6 Prepare a transmittal draft memo per the direction of the CTCS.
- 5.8.7 Prepare a history package for this EPA Form R containing the documentation referenced in steps 5.5.5, 5.7.2, and 5.8.5 and then submit this history package to the CTCS Manager for transmission to the EMD records center, per 3-21000-ADM-17.01, Records Management.
- 5.8.8 Submit the draft memo and EPA Form R to the CTCS Manager for transmittal.

### 5.9 EPA Form R Submittal to DOE, RFO

Submit EPA Form R reports to DOE, RFO no later than June 17 of the current year. Form R reports are due to the EPA and the Colorado Department of Health by July 1 of each year.

## 6.0 REFERENCES

- 6.1 Toxic Chemical Release Inventory Reporting Form R and Instructions, EPA 560, United States Environmental Protection Agency, Washington D. C.
- 6.2 Toxic Chemical Release Inventory Disk and Instructions, United States Environmental Protection Agency, Washington D. C.
- 6.3 EMD Administrative Procedures Manual, 3-21000-ADM-05.05, "Document Review," Rocky Flats Plant, Golden, Colorado.
- 6.4 EMD Administrative Procedures Manual, 3-21000-ADM-17.01, "Records Management," Rocky Flats Plant, Golden, Colorado.

## **PREPARATION OF EPA FORM R**

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<b>EG&amp;G ROCKY FLATS PLANT</b>	<b>Manual:</b>	<b>3-21000-ADM</b>
<b>EMD ADMINISTRATIVE</b>	<b>Procedure No.:</b>	<b>AQD.08, Rev 1</b>
<b>PROCEDURES MANUAL</b>	<b>Page:</b>	<b>10 of 17</b>
	<b>Effective Date:</b>	<b>10/10/91</b>
<b>Category 1</b>	<b>Organization:</b>	<b>Environmental Management</b>

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### **7.0 ATTACHMENTS**

- 1. EPA Form R report**
- 2. Sample Release Inventory Worksheet**
- 3. Guidance for Preparation of the TRIS Report**

# PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Category 1

Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 11 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management

## ATTACHMENT 1 EPA Form R Report

Important: To be used only after reading instructions before completing form 1

Form 4207-06 0108 1/3

Approval Expires \_\_\_\_\_

Page 2 of 4

<b>EPA</b> U.S. Environmental Protection Agency <b>TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM</b> Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 also known as Title III of the Superfund Amendments and Reauthorization Act		Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, D.C. 20503.
<b>EPA FORM R</b>	<b>PART I</b> <b>FACILITY IDENTIFICATION INFORMATION</b>	(This space for your optional use)
1 Are you claiming the chemical identity on page 3 trade secret? <input type="checkbox"/> Yes (Answer question 1.2 at EPA TSD/STP 810-1000) <input type="checkbox"/> No (Do not answer 1.2 at EPA TSD/STP 810-1000)		
2 CERTIFICATION (Read and sign after completing all sections) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are prepared based on reasonable estimates using data available to the preparer of this report. Name and title of owner, operator or other management official: _____ Signature: _____ Date signed: _____		
<b>3 FACILITY IDENTIFICATION</b> Facility or Establishment Name: _____ Street Address: _____ City: _____ County: _____ State: _____ Zip Code: _____ TRS Facility Identification Number: _____		<b>WHERE TO SEND COMPLETED FORMS</b> 1 EPCRA REPORTING CENTER P O BOX 23779 WASHINGTON DC 20026-3779 ATTN TOXIC CHEMICAL RELEASE INVENTORY 2 APPROPRIATE STATE OFFICE (See instructions in Appendix G)
3.2 This report contains information for: (Check only one) <input type="checkbox"/> An entire facility <input type="checkbox"/> Part of a facility		
3.3 Technical Contact: _____		Telephone Number (include area code): _____
3.4 Public Contact: _____		Telephone Number (include area code): _____
3.5 SIC Code (4 digit): _____		
3.6 Latitude: _____ Longitude: _____ Degrees Minutes Seconds		
3.7 Dun & Bradstreet Number(s): _____		
3.8 EPA Identification Number(s) (RCRA I.D. No.): _____		
3.9 NPDES Permit Number(s): _____		
3.10 Receiving Streams or Water Bodies (enter one name per box): _____		
3.11 Underground Injection Well Code (UIC) Identification Number(s): _____		
<b>4 PARENT COMPANY INFORMATION</b>		
4.1 Name of Parent Company: _____	4.2 Parent Company's Dun & Bradstreet Number: _____	

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# PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Category 1

Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 12 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management

## ATTACHMENT 1 (Continued) EPA Form R Report

*(Important: Type or print, read instructions before completing form.)* Page 2 of 5

<b>EPA FORM R</b> <b>PART II OFF-SITE LOCATIONS TO WHICH TOXIC CHEMICALS ARE TRANSFERRED IN WASTES</b>		(This space for your optional use)
<b>1 PUBLICLY OWNED TREATMENT WORKS (POTWs)</b>		
<b>1.1 POTW name</b>		<b>1.2 POTW name</b>
Street Address		Street Address
City	County	City
State	Zip	State
<b>2 OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE)</b>		
<b>2.1 Off-site location name</b>		<b>2.2 Off-site location name</b>
EPA Identification Number (RCRA ID No.)		EPA Identification Number (RCRA ID No.)
Street Address		Street Address
City	County	City
State	Zip	State
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.3 Off-site location name</b>		<b>2.4 Off-site location name</b>
EPA Identification Number (RCRA ID No.)		EPA Identification Number (RCRA ID No.)
Street Address		Street Address
City	County	City
State	Zip	State
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.5 Off-site location name</b>		<b>2.6 Off-site location name</b>
EPA Identification Number (RCRA ID No.)		EPA Identification Number (RCRA ID No.)
Street Address		Street Address
City	County	City
State	Zip	State
Is location under control of reporting facility or parent company?		Is location under control of reporting facility or parent company?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check if additional pages of Part II are attached. How many? _____		

# PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Category 1

Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 13 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management

## ATTACHMENT 1 (Continued) EPA Form R Report

(Important: Type or print; read instructions before completing form.)

Page 3 of 5

EPA		EPA FORM R		(This space for your optional use)	
PART III CHEMICAL-SPECIFIC INFORMATION					
<b>1 CHEMICAL IDENTITY</b> (Do not complete this section if you complete Section 2.)					
1.1	[Reserved]				
1.2	CAS Number (Enter only one number exactly as it appears on the 213 list. Enter N/A if reporting a chemical category.)				
1.3	Chemical or Chemical Category Name (Enter only one name exactly as it appears on the 213 list.)				
1.4	Generic Chemical Name (Complete only if Part I, Section 1.1 is checked "Yes." Generic name must be structurally descriptive.)				
<b>2 MIXTURE COMPONENT IDENTITY</b> (Do not complete this section if you complete Section 1.)					
2	General Chemical Name Provided by Supplier (Limit the name to a maximum of 70 characters (e.g., numbers, letters, dashes, punctuation).)				
<b>3 ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY</b> (Check all that apply.)					
3.1	Manufacture the chemical	a [ ] Produce	b [ ] Import	c [ ] For on-site use/processing	d [ ] For sale/distribution
3.2	Process the chemical	a [ ] As a reagent	b [ ] As a formulation component	c [ ] As an impurity	d [ ] As an article component
3.3	Otherwise use the chemical	a [ ] As a chemical processing aid	b [ ] As a manufacturing aid	c [ ] As an article component	d [ ] Ancillary or other use
<b>4 MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR</b>					
[ ] (enter code)					
<b>5 RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE</b>					
You may report releases of less than 1,000 pounds by checking ranges under A 1. (Do not use both A 1 and A 2.)		A Total Release (pounds/year)		B Basis of Estimate (enter code)	C % From Stormwater
		A 1 Reporting Range 1-10 11-100 101-1000	A 2 Error Estimate		
5.1	Fugitive or non-point air emissions	5.1a	[ ] [ ] [ ] [ ]	5.1b	[ ]
5.2	Stack or point air emissions	5.2a	[ ] [ ] [ ] [ ]	5.2b	[ ]
5.3	Discharges to receiving streams or water bodies (Enter water code from Part I, Section 3.10 for stream(s) in the box provided.)	5.3.1	[ ] [ ] [ ] [ ]	5.3.1b	[ ]
		5.3.2	[ ] [ ] [ ] [ ]	5.3.2b	[ ]
		5.3.3	[ ] [ ] [ ] [ ]	5.3.3b	[ ]
5.4	Underground injection	5.4a	[ ] [ ] [ ] [ ]	5.4b	[ ]
5.5	Releases to land	5.5.1	[ ] [ ] [ ] [ ]	5.5.1b	[ ]
		5.5.2	[ ] [ ] [ ] [ ]	5.5.2b	[ ]
		5.5.3	[ ] [ ] [ ] [ ]	5.5.3b	[ ]
		5.5.4	[ ] [ ] [ ] [ ]	5.5.4b	[ ]
[ ] (Check if additional information is provided on Part IV—Supplemental Information.)					

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# PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Category 1

Manual:

Procedure No.:

Page:

Effective Date:

Organization: Environmental Management

3-21000-ADM

AQD.08, Rev 1

14 of 17

10/10/91

## ATTACHMENT 1 (Continued) EPA Form R Report

(Important: Type or print; read instructions before completing form.)

Page 4 of 5

EPA		EPA FORM R		PART III: CHEMICAL-SPECIFIC INFORMATION (continued)		(This space for your optional use.)	
6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS							
You may report transfers of less than 1,000 pounds by choosing ranges under A 1. (Do not use both A 1 and A 2.)		A Total Transfers (pounds/yr)		B Basis of Estimate (enter code)	C Type of Treatment/Disposal (enter code)		
		A 1 Reporting Ranges 1-10    11-100    101-1,000	A 2 Error Estimate				
6 1 1 Discharge to POTW (enter location number from Part I, Section 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 1 1b <input type="checkbox"/>		
6 2 1 Other off-site location (enter location number from Part I, Section 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 2 1b <input type="checkbox"/>	6 2 1c <input type="checkbox"/>	
6 2 2 Other off-site location (enter location number from Part I, Section 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 2 2b <input type="checkbox"/>	6 2 2c <input type="checkbox"/>	
6 2 3 Other off-site location (enter location number from Part I, Section 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 2 3b <input type="checkbox"/>	6 2 3c <input type="checkbox"/>	
<input type="checkbox"/> (Check if additional information is provided on Part IV-Supplemental Information.)							
7. WASTE TREATMENT METHODS AND EFFICIENCY							
<input type="checkbox"/> Not Applicable (NA) - Check if no on-site treatment is applied to any waste stream containing the chemical or chemicals category.							
A General Wastestream (enter code)	B Treatment Method (enter code)	C Range of Influent Concentration (enter code)	D Sequential Treatment? (check if applicable)	E Treatment Efficiency Estimate	F Based on Operating Data? Yes No		
7 1a <input type="checkbox"/>	7 1b <input type="checkbox"/>	7 1c <input type="checkbox"/>	7 1d <input type="checkbox"/>	7 1e %	7 1f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 2a <input type="checkbox"/>	7 2b <input type="checkbox"/>	7 2c <input type="checkbox"/>	7 2d <input type="checkbox"/>	7 2e %	7 2f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 3a <input type="checkbox"/>	7 3b <input type="checkbox"/>	7 3c <input type="checkbox"/>	7 3d <input type="checkbox"/>	7 3e %	7 3f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 4a <input type="checkbox"/>	7 4b <input type="checkbox"/>	7 4c <input type="checkbox"/>	7 4d <input type="checkbox"/>	7 4e %	7 4f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 5a <input type="checkbox"/>	7 5b <input type="checkbox"/>	7 5c <input type="checkbox"/>	7 5d <input type="checkbox"/>	7 5e %	7 5f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 6a <input type="checkbox"/>	7 6b <input type="checkbox"/>	7 6c <input type="checkbox"/>	7 6d <input type="checkbox"/>	7 6e %	7 6f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 7a <input type="checkbox"/>	7 7b <input type="checkbox"/>	7 7c <input type="checkbox"/>	7 7d <input type="checkbox"/>	7 7e %	7 7f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 8a <input type="checkbox"/>	7 8b <input type="checkbox"/>	7 8c <input type="checkbox"/>	7 8d <input type="checkbox"/>	7 8e %	7 8f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 9a <input type="checkbox"/>	7 9b <input type="checkbox"/>	7 9c <input type="checkbox"/>	7 9d <input type="checkbox"/>	7 9e %	7 9f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 10a <input type="checkbox"/>	7 10b <input type="checkbox"/>	7 10c <input type="checkbox"/>	7 10d <input type="checkbox"/>	7 10e %	7 10f <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (Check if additional information is provided on Part IV-Supplemental Information.)							
8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION (Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)							
A Type of Modification (enter code)	B Quantity of the Chemical in Wastes Prior to Treatment or Disposal		C Inert	D Reason for Action (enter code)			
<input type="checkbox"/>	Current reporting year (pounds/year)	Prior year (pounds/year)	Or percent change (Check (+) or (-))	<input type="checkbox"/>			
			<input type="checkbox"/> + <input type="checkbox"/> - %				

# PREPARATION OF EPA FORM R

EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL

Category 1

Manual:

Procedure No.:

Page:

Effective Date:

Organization: Environmental Management

3-21000-ADM

AQD.08, Rev 1

15 of 17

10/10/91

## ATTACHMENT 1 (Continued) EPA Form R Report

(Important: Type or print read instructions before completing form.)

Page 2 of 2

EPA FORM R PART IV SUPPLEMENTAL INFORMATION						(This space for your optional use)	
Use this section if you need additional space for answers to questions in Part III. Number the lines used consistently from lines in prior sections (e.g. 5.3.4.6.1.2.7.11).							
<b>ADDITIONAL INFORMATION ON RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE</b> (Part III, Section 5.3)							
You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2.)		A. Total Release (pounds/yr)		B. State of Release (enter code in box provided)	C. % From Stormwater		
		A.1 Reporting Range 1-10 11-100 101-1000	A.2 Error Estimate				
5.3 Discharges to receiving streams or water bodies	5.3						
5.3							
5.3							
<b>ADDITIONAL INFORMATION ON TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS</b> (Part III, Section 5.2)							
You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2.)		A. Total Transfer (pounds/yr)		B. State of Release (enter code in box provided)	C. Type of Treatment/Disposal (enter code in box provided)		
		A.1 Reporting Range 1-10 11-100 101-1000	A.2 Error Estimate				
5.2 Discharge to POTW (enter code in box provided)	5.2						
5.2 Other off-site location (enter code in box provided)	5.2						
5.2 Other off-site location (enter code in box provided)	5.2						
5.2 Other off-site location (enter code in box provided)	5.2						
<b>ADDITIONAL INFORMATION ON WASTE TREATMENT METHODS AND EFFICIENCY</b> (Part III, Section 7)							
A. General Wasteform (enter code in box provided)	B. Treatment Method (enter code in box provided)	C. Range of Pollutant Concentration (enter code)	D. Secondary Treatment? (check if applicable)	E. Treatment Efficiency (enter code)	F. Based on Conserving Gas? (Yes/No)		
7							
7							
7							
7							
7							
7							
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7							
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**PREPARATION OF EPA FORM R**

**EG&G ROCKY FLATS PLANT  
EMD ADMINISTRATIVE  
PROCEDURES MANUAL**

**Manual: 3-21000-ADM  
Procedure No.: AQD.08, Rev 1  
Page: 16 of 17  
Effective Date: 10/10/91  
Organization: Environmental Management**

**Category 1**

**ATTACHMENT 2  
Sample Release Inventory Worksheet**

**EPA FORM R RELEASE INVENTORY WORKSHEET**

**CHEMICAL \_\_\_\_\_**

**COMMENTS**

**Process ID/Names \_\_\_\_\_  
Total Usage Quantity \_\_\_\_\_  
Process Locations \_\_\_\_\_  
Process emission information \_\_\_\_\_**

**Contact person's**

	<u>name</u>	<u>department</u>	<u>phone #</u>	<u>date</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____

**\*Number comments with the contact person's number**

## **PREPARATION OF EPA FORM R**

<b>EG&amp;G ROCKY FLATS PLANT</b>	<b>Manual:</b>	<b>3-21000-ADM</b>
<b>EMD ADMINISTRATIVE</b>	<b>Procedure No.:</b>	<b>AQD.08, Rev 1</b>
<b>PROCEDURES MANUAL</b>	<b>Page:</b>	<b>17 of 17</b>
	<b>Effective Date:</b>	<b>10/10/91</b>
<b>Category 1</b>	<b>Organisation:</b>	<b>Environmental Management</b>

### **ATTACHMENT 3**

#### **Guidance For Preparation of the TRIS Report**

1. Load the TRIS Report onto the CTCS's IBM or compatible computer.
2. Configure TRIS Report to conform with the computer being used.
3. Enter the EPA Form R report information documented in Section 5.7.1 of this procedure per the directions accompanying the TRIS diskette.
4. Generate the EPA Form R reports.
5. Print EPA Form R reports.
6. Compare printed TRIS report with the report generated from Section 5.8.1 of this procedure and make necessary corrections.
7. Copy the necessary files from the TRIS Report to a diskette.
8. Label the magnetic diskette as per the directions accompanying the TRIS diskette.
9. Generate a certification cover letter to be signed by the official listed in Section 2 of Part I of the EPA Form R reports as per the directions accompanying the TRIS diskette.